

**EXHIBIT III- J**

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| <b>1. MAIL ONE COPY -- ORIGINAL SIGNATURE TO:</b><br>Name:<br>Administrative Program Specialist<br>COLORADO DIVISION OF HOUSING<br>1313 Sherman Street, Room 518<br>Denver, CO 80203 | <b>QUARTERLY FINANCIAL STATUS REPORT</b><br><b>CDBG HOUSING PROJECTS</b><br><br>(Revised 4/99)                   | <b>2. GRANTEE:</b> (Name, Address and Telephone) |
| <b>3. CONTRACT ENCUMBRANCE NUMBER:</b>   | <b>4. FINAL REPORT:</b> ( ) YES ( ) NO (Send 2 Copies)<br><br>REVOLVED LOAN FUND TRACKING ONLY ( ) (Send 1 Copy) |  |
| <b>5. PROJECT GRANT PERIOD:</b><br><b>6. FROM (M/D/Y)</b>  | TO (M/D/Y)   | <b>5. QUARTER END DATE:</b><br><b>6.</b>         |

| A) <b>CONTRACT BUDGET ITEMS:</b>                    | A)           | A)           | A)           | A)           | A)           | A) OTAL      | A) ) Other Funds |
|---|--------------|--------------|--------------|--------------|--------------|--------------|------------------|
| a) Net expenditures previously reported             | a) \$        | \$               |
| b) Expenditures this quarter                        | b)           | b)           | b)           | b)           | b)           | b)           |                  |
| c) Net expenditures to date (line a+b)              | c)           | c)           | c)           | c)           | c)           | c)           |                  |
| d) Unliquidated obligations                         | d)           | d)           | d)           | d)           | d)           | d)           |                  |
| e) Expenditures/Unliquidated Obligations (line c+d) | e)           | e)           | e)           | e)           | e)           | e)           |                  |
| f) CDBG funds on Contract (per budget)              | f)           | f)           | f)           | f)           | f)           | f)           |                  |
| g) Unobligated balance of CDBG funds (line f-e)     | g)           | g)           | g)           | g)           | g)           | g)           |                  |
| <b>1. TOTAL CDBG FUNDS REQUESTED TO DATE</b>        | <b>1. \$</b> |                  |

| G) <b>Program Income</b>                      | G)    | G)    | G)    | G) | G) | G) | G) OTAL |
|---|-------|-------|-------|----|----|----|---------|
| a) Program Income at beginning of quarter     | a)    | a)    | a)    | a) | a) | a) | \$      |
| b) Amount received during quarter             | b)    | b)    | b)    | b) | b) | b) |         |
| c) Amount expended during quarter             | c) \$ | c) \$ | c) \$ | c) | c) | c) |         |
| d) Program Income remaining at end of quarter | d)    | d)    | d)    | d) | d) | d) | \$      |

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| <b>10. CERTIFICATION:</b> I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant agreements.<br><b>11.</b> _____<br><b>12. SIGNATURE OF AUTHORIZED OFFICIAL:</b><br><b>13.</b> _____<br><b>14. NAME AND TITLE (Print or type):</b><br><b>15.</b> | Name & Telephone Number of Person Completing Report if Different:<br><br><br><br><br>DATE REPORT SUBMITTED: _____ |
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